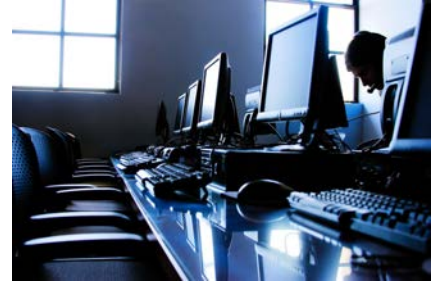


eFroi Implementation Deadline Quickly Approaching

In order to comply with the NYS Workers' Compensation Board's eClaims filing mandate, effective March 1, 2014 all policyholders will be required to file their Workers' Compensation Claims via NYSIF's eFroi system.



eFroi, or Electronic First Report of Injury, will replace the C-2 Form, which in the past would be submitted to both NYSIF and the NYS Workers' Compensation Board. By filing claims electronically using the eFroi system claims will automatically be submitted to all required parties and errors, such as duplicate filings, will be reduced significantly.

Policyholders are able to access the eFroi system directly through the Innovative Risk Concepts website, by visiting the Claims Forms section of the Client Service Center. For further information regarding eFroi implementation or assistance in filing a claim, contact an Innovative Risk Concepts Claims Department Representative by calling our Toll-Free Number 1-800-652-2015.

What Will Change with eFroi?

With the new NYS Workers' Compensation Board eClaims mandate, new information will be required when reporting a claim, eFroi has been designed to include these new fields, including:

- The email address of the person initiating and submitting the eFroi form
- The email address of the Safety Group Manager (AllisonB@irocgroup.net)
- Industry Type and Class Code
- Details regarding the accident (ie. Return to Work Status, Physical Restrictions)

How to File a Claim with eFroi

1. Access the eFroi portal by accessing the Claims Forms section of the Client Service Center at www.innovativeriskconcepts.com.
2. To begin, enter your Policy Number, the Date of the Accident, and the Claimant's Social Security Number.
3. Complete all fields that are marked with a red asterisk (*). Enter all available information for fields that are not required. Click "Save Form".
4. When all applicable fields are completed, click "Submit".



Innovative Risk Concepts, Inc.
IRC Group Services, Inc.
CompSearch, Inc.

179 South Maple Avenue
Ridgewood, NJ 07450

P. 201-652-2015
F. 201-652-0678

www.innovativeriskconcepts.com
www.ircgroupservices.com
www.compsearchonline.com

Hours of Operation

Monday – Friday
8:30 AM – 4:30 PM
(Excludes Holidays)

**Stay Up to Date
with
Everything
Happening at
The IROC
Family of
Companies,
including
Safety
Webinars and
Upcoming
Events, by
joining us on
Facebook!**

[www.facebook.com/
IROCFamilyof
Companies](http://www.facebook.com/IROCFamilyofCompanies)

CVS/Caremark Set to Replace Express Scripts This Spring

Effective April 1, 2014 NYSIF's Pharmacy Benefits Manager (PBM) for workers' compensation claims will be changing from Express Scripts to CVS/Caremark. This will mean that all claimants will be required to fill any prescriptions related to their workers' compensation claim using the CareComp Pharmacy network.

The CareComp network, which has over 67,000 participating pharmacies nationwide in its network, includes more than just CVS Pharmacies. Claimants are able to find participating pharmacies by accessing their website at www.wcrx-pharmacylocator.com or contacting the patient care hotline at 1-866-493-1640. All new claimants after April 1, 2014 will receive their permanent CVS/Caremark ID card within ten days of accident confirmation by NYSIF. Any existing claimants will receive their permanent CVS/Caremark ID card in the mail prior to April 1, 2014. NYSIF will continue to maintain instant enrollment, also known as short-fill service, with CVS/Caremark.

Employers should continue to refer to the Claimant Information Packet found in the Client Service Center of the Innovative Risk Concepts website, as this will be updated with the new PBM forms prior to the launch of the new program. Any questions regarding these new changes, please contact an Innovative Risk Concepts Representative at 1-800-652-2015.

IRC Group Services Providing Analysis Services for Your Current Business Protection Insurance

For years, IRC Group Services has proven to be experts when it comes to Business Protection Insurance. Always working for the policyholder first, IRC Group Services now offers a consultation service where our experts will analyze your current business protection insurance plan to ensure that your business is covered in all the right areas.

After combing over your current business protection plan, our insurance specialists will advise you on what areas you may be lacking in coverage and areas where you may have unnecessary coverage. Based on our analysis, we can also provide you with a no-obligation quote from our appointed carriers for what we feel would be the most cost-effective business protection plan for your organization.

To aid in getting your organization started, enclosed with this newsletter you will find a brief questionnaire and employee census for you to complete and submit back to IRC Group Services via Fax, Email, or US Mail. For more information or if you have any questions, please contact an IRC Group Services Representative by calling 1-800-652-2015.

&® IRC Group Services, Inc.

Business Protection Insurance Analysis Questionnaire & Employee Census

Name of Company:					Date:	
Contact Person and Title:					For IRC Group Services Use Only:	
Address:					Notes:	
Phone Number and Email:						
Type of Business:						
EMPLOYEE BENEFIT COVERAGES						
Number of Employees:		Full Time:		Part Time:		Independent Contractor:
What Programs Do You Currently Offer Your Employees? (Check All That Apply)						
<input type="checkbox"/> Short-Term Disability <input type="checkbox"/> Long-Term Disability <input type="checkbox"/> Vacation Time/Sick Leave <input type="checkbox"/> Life <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Retirement Benefits						
<input type="checkbox"/> Wellness Programs <input type="checkbox"/> Other:						
What Carrier(s) Do You Currently Use? (List All)						
BUSINESS PROTECTION COVERAGES						
What Coverages Do You Currently Have In Place? (Check All That Apply)						
<input type="checkbox"/> Business Owners' Policy <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> General Liability <input type="checkbox"/> Auto <input type="checkbox"/> Property <input type="checkbox"/> Umbrella <input type="checkbox"/> Data Breach						
<input type="checkbox"/> Other:						
What Carrier(s) Do You Currently Use? (List All)						
EMPLOYEE CENSUS (All information is kept strictly confidential)						
Please complete this census for all employees that work 20+ hours per week						
Employee Name	Gender	Date of Birth	Zip Code	Hours Per Week	Salary	Occupation

Please submit this completed form to IRC Group Services, Inc. by one of the following methods:
 Fax a copy to 201-652-0678 to the attention of IRC Group Services, Inc.
 Email a copy to sales@irocgroup.net with the Subject line: Policy Analysis
 Mail a copy to IRC Group Services, Inc.
 179 South Maple Avenue
 Ridgewood, NJ 07450

Disclaimer: This form is in no way a binding agreement of an insurance policy. The use of this form is for policy analysis only and neither party is under any obligation to bind an insurance policy. Questions regarding this form may be submitted to IRC Group Services, Inc.